

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 591936317 FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2	1					
3	1					
4	3		1			
5	1		1			
6	1					
7						
8	1		1			
9			1			
10	1		1			
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TOTAL ID.			2			
TOTAL DEP.			14			
TOTAL CLAIMS			16			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL DEP.				14				
TOTAL CLAIMS				16				